

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 140  
Registered No. 554

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1125 Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Beatris Ruiz  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? \_\_\_\_\_ 6. Date of birth Nov 12 1929  
Month Day Year

8. FATHER Full name Daniel Ruiz 14. MOTHER Full maiden name Natalia Montes  
9. Residence (Usual place of abode) Globe, Arizona 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 22 (Years) 16. Color or race Mexican 17. Age at last birthday 15 (Years)

12. Birthplace (city or place) Silver City 18. Birthplace (city or place) Mazamei  
(State or country) New Mexico (State or country) Arizona

13. Occupation Prisoner, Arizona 19. Occupation Housewife  
Nature of industry State Penitentiary Nature of industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 2 1/2 m. on the date above stated.  
(Born alive or stillborn.)

Signature J. F. Miller  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed Nov 20 1929 Registrar C. E. [Signature]

299-1112-542